

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: AS
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: AS

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 538,894

A.Preventive and primary care for children:

\$ 161,668 (30 %)

B.Children with special health care needs:

\$ 161,668 (30 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 50,000 (9.28 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 404,180

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 318,604

\$ 404,180

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 943,074

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 100,000

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,043,074

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: AS

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 541,064	\$ 541,064	\$ 527,373	\$ 527,373	\$ 541,064	\$ 505,547
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 405,798	\$ 405,798	\$ 398,759	\$ 398,759	\$ 405,798	\$ 405,798
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 946,862	\$ 946,862	\$ 926,132	\$ 926,132	\$ 946,862	\$ 911,345
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 285,789	\$ 285,789	\$ 100,000	\$ 100,000	\$ 165,000	\$ 165,000
9. Total <i>(Line11, Form 2)</i>	\$ 1,232,651	\$ 1,232,651	\$ 1,026,132	\$ 1,026,132	\$ 1,111,862	\$ 1,076,345
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: AS

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 541,064	\$ 541,064	\$ 516,208		\$ 538,894	
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0		\$ 0	
3. State Funds (Line3, Form 2)	\$ 405,798	\$ 405,798	\$ 387,156		\$ 404,180	
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0		\$ 0	
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0		\$ 0	
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0		\$ 0	
7. Subtotal (Line8, Form 2)	\$ 946,862	\$ 946,862	\$ 903,364	\$ 0	\$ 943,074	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 165,000	\$ 165,000	\$ 100,000		\$ 100,000	
9. Total (Line11, Form 2)	\$ 1,111,862	\$ 1,111,862	\$ 1,003,364	\$ 0	\$ 1,043,074	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2007
Field Note:
The difference between amount budgeted an amount expended is the difference in the amount originally budget and the actual amount awarded for 2007.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: AS

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 118,335	\$ 118,335	\$ 134,150	\$ 134,150	\$ 142,029	\$ 142,029
b. Infants < 1 year old	\$ 118,515	\$ 118,515	\$ 134,150	\$ 134,150	\$ 142,029	\$ 142,029
c. Children 1 to 22 years old	\$ 284,004	\$ 284,004	\$ 280,711	\$ 280,711	\$ 284,058	\$ 264,058
d. Children with Special Healthcare Needs	\$ 284,004	\$ 284,004	\$ 284,508	\$ 284,508	\$ 284,058	\$ 268,541
e. Others	\$ 47,334	\$ 47,334	\$ 0	\$ 0	\$ 36,526	\$ 36,526
f. Administration	\$ 94,670	\$ 94,670	\$ 92,613	\$ 92,613	\$ 58,162	\$ 58,162
g. SUBTOTAL	\$ 946,862	\$ 946,862	\$ 926,132	\$ 926,132	\$ 946,862	\$ 911,345
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
MCHB SOHCS	\$ 0		\$ 0		\$ 65,000	
Immunization	\$ 185,789		\$ 0		\$ 0	
III. SUBTOTAL	\$ 285,789		\$ 100,000		\$ 165,000	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: AS

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 142,029	\$ 142,029	\$ 135,505	\$	\$ 138,679	\$
b. Infants < 1 year old	\$ 142,029	\$ 142,029	\$ 135,504	\$	\$ 158,679	\$
c. Children 1 to 22 years old	\$ 284,058	\$ 284,058	\$ 271,009	\$	\$ 297,358	\$
d. Children with Special Healthcare Needs	\$ 284,058	\$ 284,058	\$ 271,010	\$	\$ 269,402	\$
e. Others	\$ 36,526	\$ 36,526	\$ 35,000	\$	\$ 28,956	\$
f. Administration	\$ 58,162	\$ 58,162	\$ 55,336	\$	\$ 50,000	\$
g. SUBTOTAL	\$ 946,862	\$ 946,862	\$ 903,364	\$ 0	\$ 943,074	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
MCB SOHCS	\$ 65,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 165,000		\$ 100,000		\$ 100,000	

FORM NOTES FOR FORM 4
None
FIELD LEVEL NOTES
None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: AS

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 388,213	\$ 388,213	\$ 398,236	\$ 398,236	\$ 407,150	\$ 407,150
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 151,498	\$ 151,498	\$ 157,442	\$ 157,442	\$ 151,497	\$ 121,497
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 142,030	\$ 142,030	\$ 46,306	\$ 46,306	\$ 236,715	\$ 231,715
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 265,121	\$ 265,121	\$ 324,148	\$ 324,148	\$ 151,500	\$ 150,983
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 946,862	\$ 946,862	\$ 926,132	\$ 926,132	\$ 946,862	\$ 911,345

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: AS

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 407,150	\$ 407,150	\$ 397,480	\$	\$ 424,383	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 151,497	\$ 151,497	\$ 117,438	\$	\$ 141,461	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 236,715	\$ 236,715	\$ 225,841	\$	\$ 226,339	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 151,500	\$ 151,500	\$ 162,605	\$	\$ 150,891	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 946,862	\$ 946,862	\$ 903,364	\$ 0	\$ 943,074	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
The difference between the budget and expended amounts for this category reflect a decrease from the amount budgeted and the actual amount.
2. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2008
Field Note:
The significant increase in Population-Based Services from 2006 to 2007 reflects additional resources devoted to Oral Health and Outreach/Public Education. These efforts are reflected in efforts to increase the number of 3rd graders who received dental sealants, increasing outreach to promote nutrition, physical activity, and breastfeeding.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: AS						
Total Births by Occurrence: 1,338				Reporting Year: 2008		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria						
Congenital Hypothyroidism						
Galactosemia						
Sickle Cell Disease						
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
hemoglobin Screening	1,245		339	339	339	100
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

American Samoa does not conduct metabolic screening.

FIELD LEVEL NOTES

None

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: AS

Reporting Year: 2008

	TITLE V		PRIMARY SOURCES OF COVERAGE			
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,284	100.0				
Infants < 1 year old	1,348	100.0				
Children 1 to 22 years old	4,582	100.0				
Children with Special Healthcare Needs	136	100.0				
Others	341	100.0				
TOTAL	7,691					

FORM NOTES FOR FORM 7
None
FIELD LEVEL NOTES
None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: AS

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,338					1,338		
Title V Served	1,338					1,338		
Eligible for Title XIX	1,338					1,338		
INFANTS								
Total Infants in State	1,345					1,345		
Title V Served	1,345					1,345		
Eligible for Title XIX	1,345					1,345		

II. UNDUPLICATED COUNT BY ETHNICITY

	HISPANIC OR LATINO (Sub-categories by country or area of origin)							
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,338							
Title V Served	1,345							
Eligible for Title XIX	1,345							
INFANTS								
Total Infants in State	1,345							
Title V Served	1,345							
Eligible for Title XIX	1,345							

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: AS

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	684-633-4616	684-633-4616	684-633-4616	684-633-4616	684-633-4616
2. State MCH Toll-Free "Hotline" Name	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti
3. Name of Contact Person for State MCH "Hotline"	Jacki Tulafono, MCH Coc	acki Tulafono, MCH Coor	Jacki Tulafono, MCH Coc	Jacki Tulafono, MCH Coc	Jacki Tulafono, MCH Coc
4. Contact Person's Telephone Number	684-633-4616	684-633-4616	684-633-4616	684-633-4616	684-633-4616
5. Contact Person's Email	200				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	200	350	400

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: AS

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2008

Field Note:

There are fewer calls to the hotline, because there are more phone lines now. There are a total of three numbers available to call for help, and all the numbers are used in the public service announcements and printed materials for the Program.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: AS

1. State MCH Administration:
(max 2500 characters)

The Department of Health, an agency of the American Samoa Government is the state agency for the MCH block Grant. The MCH Program, as other federally funded programs in this department, are under the direction of the Director and Deputy Director of Health. The Deputy Director of Health serves as the Program Director for the MCH Program and SSDI, and the MCH Coordinator reports directly to her.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 538,894
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 404,180
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 943,074

9. Most significant providers receiving MCH funds:

Tafuna Family Health Center

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,284
b. Infants < 1 year old	1,348
c. Children 1 to 22 years old	4,582
d. CSHCN	136
e. Others	341

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

MCH provides direct health care services at all of the community based dispensaries/health centers. This includes Well Baby and Prenatal care services at the 4 clinics on the main island of Tutuila. Primary prevention activities encompass routine wellness screening, as well as referrals for acute care in all MCH target populations.

b. Population-Based Services:
(max 2500 characters)

The MCH Program partners with the Immunization program to ensure vaccinations are administered during Well Child visits. The MCH school outreach team provides dental screening and preventive services to school aged children at both public and private schools.

c. Infrastructure Building Services:
(max 2500 characters)

The MCH program continues to partner with other agencies, and key stakeholders within the Department of Health but also in the community to ensure MCH services are available and accessible to children and their families.

12. The primary Title V Program contact person:

Name	Jacki M. Tulafono
Title	MCH Coordinator
Address	PO Box 7132
City	Pago Pago
State	AS
Zip	96799
Phone	684-633-4616
Fax	684-633-4617
Email	jtulafono@gmail.com
Web	doh-mch.net

13. The children with special health care needs (CSHCN) contact person:

Name	Jacki M. Tulafono
Title	MCH Coordinator
Address	PO Box 7132
City	Pago Pago
State	AS
Zip	96799
Phone	684-633-4616
Fax	684-633-4617
Email	jtulafono@gmail.com
Web	doh-mch.net



FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: AS

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0		10	0
Annual Indicator	0.1	0.1	0.1	0.0	0.0
Numerator	1	1	1	0	0
Denominator	1,713	1,720	1,442	1,291	1,338
Data Source					Newborn records
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2008
Field Note:
 AS does not have a state mandated newborn screening program.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2007
Field Note:
 AS does not have a state mandate newborn screening program.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2006
Field Note:
 American Samoa does not have a State mandated newborn screening program. The MCH program will review all data items currently collected that are appropriate for this measure and report them in the coming annual report.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	30	35	45	45	90
Annual Indicator	35.0	35.0	35.0	89.3	89.3
Numerator	21	21	21	125	125
Denominator	60	60	60	140	140
Data Source					CSHCN Program records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	90	95	95	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2008

Field Note:

The data reported for 2008 is the same as 2007 as the survey to report this data has not been repeated. The Children with Special Health Care Needs Program will conduct a survey to report on this measure as an activity of the Needs Assessment due in 2010.

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from the parent/family survey conducted in 2004. New data has been collected however it is not a significant enough to be representative of all children with special needs. Efforts are currently being made to collect this data for future reporting.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	98	65	90
Annual Indicator	41.5	54.8	85.7	89.3	89.3
Numerator	61	80	120	125	125
Denominator	147	146	140	140	140

Data Source

CSHCN Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	90	90	93	93	94

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

The data reported for 2008 is the same as 2007 as the survey to report this data has not been repeated. The Children with Special Health Care Needs Program will conduct a survey to report on this measure as an activity of the Needs Assessment due in 2010.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 reflect the current number of children with special needs whose medical home is with served by the CSHCN program. The indicator for this year is below the target due to staffing shortages department wide. The new objectives have been set to reflect the current level of performance.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>147</u>	<u>146</u>	<u>140</u>	<u>140</u>	<u>136</u>
Denominator	<u>147</u>	<u>146</u>	<u>140</u>	<u>140</u>	<u>136</u>
Data Source					CSHCN Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

This measure is not applicable for American Samoa. The American Samoa law states that all residents including children receive free medical services at the government hospital and Public Health, the only two health care providers in the Territory. All children are presumed eligible for Medicaid and SCHIP services. The only cost for health care are the administrative fees charged at the hospital.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective		0	60	60	43
Annual Indicator	51.7	51.7	50.0	42.9	42.9
Numerator	31	31	30	60	60
Denominator	60	60	60	140	140
Data Source					CSHCN Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	43	45	45	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported for 2008 is the same as 2007 as the survey to report this data has not been repeated. The Children with Special Health Care Needs Program will conduct a survey to report on this measure as an activity of the Needs Assessment due in 2010.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from the parent/family survey conducted in 2004. New data has been collected however there were not enough surveys completed to be representative of all children with special needs. Efforts are currently being made to collect this data for future reporting.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective		0	0	50	22
Annual Indicator	0.0	0.0	0.0	21.4	21.4
Numerator	0	0	0	30	30
Denominator	147	146	140	140	140

Data Source

CSHCN Program

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	23	24	25	25	26
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #6

Field Name: PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported for 2008 is the same as 2007 as the survey to report this data has not been repeated. The Children with Special Health Care Needs Program will conduct a survey to report on this measure as an activity of the Needs Assessment due in 2010.

2. **Section Number:** Form11_Performance Measure #6

Field Name: PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data has not yet been collected for this measure. Efforts to accurately collect the number of teen CSHCN who are transitioning to adult life and services are in progress.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	70	85	75	72	73
Annual Indicator	79.8	75.1	70.3	69.7	68.9
Numerator	1,635	1,868	1,684	1,667	1,540
Denominator	2,050	2,488	2,396	2,390	2,234

Data Source

Immunization
Coverage Survey

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	70	72	75	76	77
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #7

Field Name: PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

There was a significant decrease in immunization coverage in 2006. This decrease is attributed to changes in the clinic hours for the Well baby clinics. The MCH and Immunization programs are cognizant of this issue and are planning changes to improve the immunization coverage.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	22	21	20	11	10
Annual Indicator	22.0	11.7	11.0	14.8	15.6
Numerator	38	22	33	27	29
Denominator	1,727	1,883	2,990	1,828	1,856

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	14	14	12	12	11
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

The increase in the denominator for this measure is a population estimate from the office of Vital Statistics. This MCH program staff will inquire about the significant difference from 2005-2006, however for the time being data for both years is reported as provisional.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	55	35	25	32	45
Annual Indicator	20.8	4.2	41.9	44.1	60.7
Numerator	234	72	609	631	639
Denominator	1,127	1,699	1,455	1,430	1,053

Data Source

MCH School
Outreach Data

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	45	50	50	52	54
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	5	6	6	4	4
Annual Indicator	7.1	0.0	4.4	3.8	0.0
Numerator	5	0	1	1	0
Denominator	70,391	23,487	22,720	26,444	25,783

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3	3	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			35	36	36
Annual Indicator		35.4	34.2		45.0
Numerator		585	675		605
Denominator		1,652	1,973		1,345

Data Source

Well Baby clinic
Data

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	37	37	38	39	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported for this measure in 2007 reflects data collected from the two largest Well Baby Clinics. Data has not been collected from the two smaller clinics at the time of this report. This data will be corrected once it has been analyzed.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,713	1,720	1,442	1,291	1,338
Data Source					No Data source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	30	35	40	45	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

AS does not have a hearing screening program.

2. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Hearing screening is not available in American Samoa .

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	22,720	26,444	26,863
Data Source					Census Estimates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes	Yes	Yes
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Provisional	Provisional
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Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

This measure is not applicable for American Samoa. The American Samoa law states that all residents including children receive free medical services at the government hospital and Public Health, the only two health care providers in the Territory. All children are presumed eligible for Medicaid and SCHIP services. The only cost for health care are the administrative fees charged at the hospital.

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

This measure is not applicable for American Samoa. The American Samoa law states that all residents including children receive free medical services at the government hospital and Public Health, the only two health care providers in the Territory. All children are presumed eligible for Medicaid and SCHIP services. The only cost for health care are the administrative fees charged at the hospital.

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			50	50	14
Annual Indicator		0.0	0.0	14.0	14.3
Numerator		0	0	1,230	1,053
Denominator		2,031	3,341	8,791	7,358

Data Source

Well Baby database

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	14	13	13	12	12

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

The data reported for this measure is of the children served at the Well Baby Clinics as WIC is unable to extract this data from the current WIC database.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			20	20	10
Annual Indicator		0.0	2.1	3.3	2.5
Numerator		0	30	10	8
Denominator		1,720	1,442	300	314
Data Source					PRAMS-like survey

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	7	5	3	2	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2006

Field Note:

This data reported for this measure was collected from the pregnancy risk assessment survey started in May 2007. This data is not representative of all women who were pregnant as this data was only collected over a short period of time therefore the target for this measure will not be changed until more reliable data is available.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	43	41	40	40	39
Annual Indicator	41.5	0.0	0.0	0.0	0.0
Numerator	7	0	0	0	0
Denominator	16,857	5,223	5,430	5,320	6,317

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Provisional Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	15	15	13	12	12
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

There were no events reported for this measure.

2. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

There were no events reported for this measure.

3. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

Reporting for this measure has changed in from 2004 to 2005 and 2006. Previously (as in 2004) the data was reported in three year moving sums because that was how it had been reported since 2001. In 2005 the data were reported in 3 year moving averages, therefore there appears to be a significant decrease in the total number reported. This decrease is the difference between previous reporting practices of using a three sum versus using a three year average.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,713	1,720	1,442	1,291	1,338

Data Source

Vital statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

AS does not have a high risk birthing facility.

- 2.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

AS does not have a facility for high risk deliveries.

- 3.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

There are no facilities specifically for high risk deliveries in American Samoa. There is only one delivery facility and it is the LBJ Tropical Medical Center.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	25	13	13	14	14
Annual Indicator	12.2	14.7	15.0	22.1	19.5
Numerator	65	73	82	96	225
Denominator	531	496	547	435	1,153

Data Source

MCH Database

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	19	20	20	21	21

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

American Samoa does not use the US Standard Birth Certificate, therefore the data reported for this measure is collected manually by MCH staff from prenatal and maternity records.

2. **Section Number:** Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is preliminary data collected thus far. It is a sampling of the prenatal records. This is only provisional and will be updated in the progress report in December 2008.

STATE PERFORMANCE MEASURE # 1

Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			10	11	12
Annual Indicator	12.2	14.7	15.0	22.1	18.2
Numerator	65	73	82	96	210
Denominator	531	496	547	435	1,151
Data Source					MCH data system
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	13	15	15	15	18
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported for this measure is collected by the MCH staff, but does not include 100% of live births. The denominator is the total number of records collected by MCH staff. As AS does not use the US Standard birth certificate, prenatal history data is not readily available but must be collected manually.

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

This data was collected from a random sample of prenatal records. Thus is provisional.

3. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported for this measure reflect only the total number of live births to women in the Tafuna district who are in the service area of the Community Health Center. This is the data available at the time of this report however it does not reflect all births for the Territory.

STATE PERFORMANCE MEASURE # 2

Percentage of annual re-evaluation of Children with Special Health Care Needs (CSHCN) by the Interdisciplinary Team.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			98	50	60
Annual Indicator	47.6	97.9	76.4	87.9	91.9
Numerator	70	143	107	123	125
Denominator	147	146	140	140	136
Data Source					CSHCN data
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	90	91	92	93	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 3

Percent of 2, 3, and 4 year old children who are seen in the in the MCH Well Child Clinics who access dental health services.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			12	14	16
Annual Indicator		35.3	10.8	14.9	31.4
Numerator		1,067	362	563	1,532
Denominator		3,020	3,341	3,791	4,875
Data Source					MCH Data system
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>18</u>	<u>20</u>	<u>22</u>	<u>22</u>	<u>23</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 4

Percentage of 4 month olds in Well Baby Clinics who are exclusively breastfed.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			25	25	30
Annual Indicator		31.2	27.1	31.2	54.6
Numerator		516	416	353	605
Denominator		1,652	1,534	1,132	1,109
Data Source					MCH data system
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>31</u>	<u>31</u>	<u>32</u>	<u>32</u>	<u>33</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5

Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			40	39	24
Annual Indicator		0.0	40.0	24.2	24.2
Numerator		0	614	878	878
Denominator		1,535	1,535	3,625	3,625
Data Source					YRBS data
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>24</u>	<u>22</u>	<u>22</u>	<u>20</u>	<u>20</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator reported for this measure is the total number of survey participants in the 2007 YRBS, which had greater success in response rate than in previous years.

- Section Number:** Form11_State Performance Measure #5

Field Name: SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

This data reflects the last YRBS data that was available for 1999. The most current YRBS data has yet to be released by the Department of Education and CDC.

STATE PERFORMANCE MEASURE # 6

To decrease the percentage of 1 year olds with low hemoglobin (less than 11)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			54	29	29
Annual Indicator		30.0	31.0	10.9	27.2
Numerator		517	484	157	339
Denominator		1,726	1,562	1,440	1,245
Data Source					MCH data system
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	28	28	27	27	26
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #6

Field Name: SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

In 2007 there was equipment failure with the hemoglobin testing units. For this reason the data reported for this year reflects a much smaller number of children screened. The program has since ordered new machines and this data is expected to be a better reflection of hemoglobin testing in 2009.

STATE PERFORMANCE MEASURE # 7

Percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective				60	62
Annual Indicator		20.5	57.9	87.9	93.4
Numerator		30	81	123	127
Denominator		146	140	140	136
Data Source					MCH School Outreach data
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	64	66	68	68	69
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: AS

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	12	11	11	10	10
Annual Indicator	14.8	11.3	11.1	8.5	
Numerator	73	19	18	11	
Denominator	4,949	1,680	1,625	1,291	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	10	9	9	8	

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator	NaN	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	0	1,680	1,625	1,291	

Data Source

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	7	7	6	6	5
Annual Indicator	12.9	7.1	6.2	5.4	
Numerator	64	12	10	7	
Denominator	4,949	1,680	1,625	1,291	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Yes

Yes

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5	4	4	3	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	4	4	3
Annual Indicator	5.5	4.2	4.9	3.1	
Numerator	27	7	8	4	
Denominator	4,949	1,680	1,625	1,291	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Yes

Yes

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3	3	3	2	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	16	16	16	16	15
Annual Indicator	17.6	14.2	12.8	11.6	
Numerator	88	24	21	15	
Denominator	4,996	1,694	1,638	1,298	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	15	15	15		
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	55	55	54	54	53
Annual Indicator	48.9	48.8	55.7	15.9	
Numerator	33	10	12	4	
Denominator	67,507	20,486	21,549	25,154	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Yes

Yes

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	52	52	52	50	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: AS

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

1

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

1

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 7

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: AS FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To increase the percent of women with a live birth who have received adequate prenatal care as determined by the Kotelchuk Index.
2. To increase the percent of children with special needs who have received an annual reevaluation by an interdisciplinary team.
3. To increase the percent of 2, 3, and 4-year-old children who are seen in the MCH Well Child Clinic who access dental health services.
4. To increase the percent of 4-month-old infants who attend the Well Baby Clinic at 4 months of age who are exclusively breastfeeding.
5. To decrease the percent of adolescents in Grades 9-12 who report smoking cigarettes within the past 30 days.
6. To improve nutritional status of children under the age of 5 years old.
7. To increase the percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.
- 8.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: AS

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Adolescent Health	Adolescent health is an area that is under developed in American Samoa.	Wendy Adam, Henry Ichiho
2.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Improving data capacity for American Samoa Department of Health.	Data infrastructure and capacity need to be improves for surveillance and reporting.	Henry Ichiho, MD
3.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Needs assessment training for MCH staff who will be involved in the Needs Assessment activities this year.	Very few current staff members have any experience or training in Needs Assessment.	Henry Ichiho, MD
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: AS

SP # 1

PERFORMANCE MEASURE:

Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.

STATUS:

Active

GOAL

Increase percent of infants born to women receiving adequate prenatal care according to the Kotelchuk Index.

DEFINITION

Numerator:

Number of live births to women who received adequate PNC in calendar year

Denominator:

Total live births of calendar year

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Post Partum Cards and Medical Records Data issues: prenatal care information is not listed on the standard birth certificate in American Samoa. This data must be obtained from clinic log books and medical records.

SIGNIFICANCE

Early, continuous, and high quality prenatal care is critical to improving pregnancy outcomes.

SP # 2

PERFORMANCE MEASURE:

Percentage of annual re-evaluation of Children with Special Health Care Needs (CSHCN) by the Interdisciplinary Team.

STATUS:

Active

GOAL

Increase the percent of CSHCN who have been re-evaluated annually by the Interdisciplinary Team.

DEFINITION

Numerator:

Number of CSHCN who have had an annual re-evaluation by the Interdisciplinary Team.

Denominator:

Total number of CSHCN registered in the program.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CSHCN Program records.

SIGNIFICANCE

Children with special health care needs and their families require assistance in accessing and coordinating services for health care. This population requires close case management by a "medical home" which will re-evaluate the effectiveness of arranged plans.

SP # 3

PERFORMANCE MEASURE:

Percent of 2, 3, and 4 year old children who are seen in the in the MCH Well Child Clinics who access dental health services.

STATUS:

Active

GOAL

Decrease dental caries among 2, 3, and 4 years old in the Well Child Clinics.

DEFINITION

Numerator:

Children 2, 3, and 4 year olds in Well Child clinics who access dental health services.

Denominator:

Total number of children 2, 3, and 4 years old in Well Child Clinics.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Child Clinic records.

SIGNIFICANCE

Dental caries rates have proven to be very high in American Samoan children. Dental caries is fully preventable and, if left untreated, can seriously compromise a child's quality of life and lead to other illnesses.

SP # 4

PERFORMANCE MEASURE:

Percentage of 4 month olds in Well Baby Clinics who are exclusively breastfed.

STATUS:

Active

GOAL

Increase the percent of 4 month old infants in Well Baby Clinics who are exclusively breastfed.

DEFINITION

Numerator:

Number of 4 month old infants in Well Baby Clinics who are exclusively breastfed.

Denominator:

Number of 4 month olds in Well Baby Clinics.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Baby Clinic Records.

SIGNIFICANCE

Breastfed infants have significantly fewer doctor's visits in the first year of life due to the increased immunities transferred to the infant during breastfeeding. Evidence shows that breastfeeding is the optimal way to feed an infant up to at least 12 months of age and can contribute positively to mother-child bonding, promote security in the child and decrease the likelihood of S.I.D.S.

SP # 5

PERFORMANCE MEASURE:

Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.

STATUS:

Active

GOAL

Decrease the number of adolescents surveyed with the YRBS who admitted to smoking in the last 30 days.

DEFINITION

Numerator:

Number of students surveyed (YRBS) who admitted to smoking in the last 30 days.

Denominator:

Total number of students surveyed in YRBS.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

YRBS Survey results from DOE.

SIGNIFICANCE

Smoking among youth is on the rise in the US and in American Samoa as well. Tobacco is seen as the "threshold" drug which leads to consumption of other drugs. Smoking among adolescents is problematic in that often times, the individual adopts smoking as a long term behavior which leads to illness and possible death. Cigarette smoke is directly linked to low birthweight and prematurity.

SP # 6

PERFORMANCE MEASURE:

To decrease the percentage of 1 year olds with low hemoglobin (less than 11)

STATUS:

Active

GOAL

To improve the nutritional status of children under the age of 12 months old.

DEFINITION

Percentage of children with low hemoglobin at 1 year of age.

Numerator:

Number of children with hemoglobin measuring less than 11 at one year of age.

Denominator:

Total number of 1 year old children seen in well baby clinics.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well child care records

SIGNIFICANCE

Hemoglobin is a measure of nutritional status. At 6 months of age 54% of infants in American Samoa have low hemoglobin (less than 11)

SP # 7

PERFORMANCE MEASURE:

Percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

STATUS:

Active

GOAL

To increase the percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

DEFINITION

Numerator:

Number of CSN who assess dental services

Denominator:

Total number of known CSN

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CSN Program data

SIGNIFICANCE

Children with special healthcare needs appear to utilize dental health services at a disproportionate rate. This measure is intended to increase utilization of dental health services by this population.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: AS

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	28.0	0.0	0.0	162.6	160.9
Numerator	24	0	0	143	152
Denominator	8,576	8,941	8,872	8,796	9,445

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Data for Year 2007 for this performance measure was not available at the time of this report. Data will be reported as soon as it becomes available.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>90.7</u>	<u>71.7</u>	<u>63.3</u>
Numerator	<u>1,446</u>	<u>1,726</u>	<u>1,417</u>	<u>926</u>	<u>1,315</u>
Denominator	<u>1,446</u>	<u>1,726</u>	<u>1,562</u>	<u>1,291</u>	<u>2,078</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

The denominator for this measure is a mid-sensus estimate, and the numerator is the number of children seen by MCH in the Well Baby Clinics. There is no Medicaid eligibility criteria, therefore impossible to report for this measure.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

This indicator does not apply to American Samoa due to its unique Medicaid program. The data reported for this measure are the number of infants screened at the Well Baby clinics. More specifically, this data was collected from only two Well Baby Clinics, Tafuna Family Health Center and CII (Central). Thus the reason for the significant drop in data reported. Data from Amouli and Leone clinics are not available at this time. Once it is available it will be reported.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

This indicator does not apply to American Samoa due to its unique Medicaid program. The data reported for this measure are the number of infants screened at the Well Baby Clinics

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>90.7</u>	<u>71.7</u>	<u>63.0</u>
Numerator	<u>1,446</u>	<u>1,726</u>	<u>1,417</u>	<u>926</u>	<u>1,315</u>
Denominator	<u>1,446</u>	<u>1,726</u>	<u>1,562</u>	<u>1,291</u>	<u>2,087</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Provisional

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

The denominator reported for 2008 is a mid-census population estimate for the number of infants less than 1 year of age. The numerator is the number of children seen by MCH in the Well Baby Clinics, as there is no Medicaid or SCHIP eligibility criteria.

- Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

This indicator does not apply to American Samoa due to its unique Medicaid program. The data reported for this measure are the number of infants screened at the Well Baby Clinics

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>14.7</u>	<u>18.8</u>	<u>22.1</u>	<u>19.5</u>
Numerator	<u>0</u>	<u>73</u>	<u>103</u>	<u>96</u>	<u>225</u>
Denominator	<u>1,713</u>	<u>496</u>	<u>547</u>	<u>435</u>	<u>1,153</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSC04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

- Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported for prenatal care is for Tafuna clinic alone, not including women who access care at other clinics. The remainder of the data is in the process of being cleaned and verified.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>5,493</u>	<u>6,094</u>	<u>4,972</u>	<u>4,756</u>	<u>4,598</u>
Denominator	<u>5,493</u>	<u>6,094</u>	<u>4,972</u>	<u>4,756</u>	<u>4,598</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- 1.
- Section Number:**
- Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

This data is reported from children seen by MCH at the Well Child Clinics, where 100% of children are presumed Medicaid eligible.

- 2.
- Section Number:**
- Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported are children served at the Well Baby Clinics whom are presumed 100% eligible.

- 3.
- Section Number:**
- Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported for this measure is derived from the number of children receiving services at the Well Baby clinics. The unique nature of Medicaid and SCHIP Programs in American Samoa do not differentiate between Medicaid and non-Medicaid services.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>100.0</u>	<u>63.7</u>	<u>43.0</u>	<u>56.6</u>	<u>60.7</u>
Numerator	<u>621</u>	<u>382</u>	<u>626</u>	<u>810</u>	<u>639</u>
Denominator	<u>621</u>	<u>600</u>	<u>1,455</u>	<u>1,430</u>	<u>1,053</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

The data reported for this measure reflects the number of 3rd grade children seen by the School Outreach team. There is no Medicaid/SCHIP eligibility criteria, all children are presumed eligible.

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in this measure are children who received a dental screening from the SCHIP and MCH school dental team from the 3rd grade in the 2007 school year.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

American Samoa is not eligible for SSI, this measure does not apply.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

This measure does not apply to American Samoa as we are not eligible for SSI.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

This measure does not apply to American Samoa as we are not eligible for SSI.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: AS

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Other	<u>1.5</u>	<u>0</u>	<u>1.5</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Other	<u>6.7</u>	<u>0</u>	<u>6.7</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Other	<u>19.5</u>	<u>0</u>	<u>19.5</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Other	<u>19.5</u>	<u>0</u>	<u>19.5</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: AS

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>100</u>
b) <i>Medicaid Children</i> (Age range <u>2</u> to <u>5</u>) (Age range <u>6</u> to <u>9</u>) (Age range <u>10</u> to <u>21</u>)	2008	<u>100</u> <u>100</u> <u>100</u>
c) <i>Pregnant Women</i>	2008	<u>100</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: AS

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>100</u>
b) <i>Medicaid Children</i> (Age range <u>2</u> to <u>5</u>) (Age range <u>6</u> to <u>9</u>) (Age range <u>10</u> to <u>21</u>)	2008	<u>100</u> <u>100</u> <u>100</u>
c) <i>Pregnant Women</i>	2008	<u>100</u>

FORM NOTES FOR FORM 18

The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and the Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2010
Field Note:
Data source: vital statistics
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2010
Field Note:
Data source: census estimates
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2010
Field Note:
Data source: vital statistics
4. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2010
Field Note:
Vital statistics is the data source
5. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2010
Field Note:
Data source: vital statistics
6. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2010
Field Note:
Data source: MCH Data system
7. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2010
Field Note:
Data source: MCH Data system

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: AS

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
 1 = No, the MCH agency does not have this ability.
 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
 3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: AS

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: AS

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	<u>3.3</u>	<u>3.8</u>	<u>2.8</u>	<u>3.3</u>	<u>1.6</u>
Numerator	<u>57</u>	<u>65</u>	<u>41</u>	<u>42</u>	<u>21</u>
Denominator	<u>1,713</u>	<u>1,720</u>	<u>1,442</u>	<u>1,291</u>	<u>1,338</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		<u>Annual Indicator Data</u>			
	2004	2005	2006	2007	2008
Annual Indicator	<u>3.0</u>	<u>3.0</u>	<u>2.6</u>	<u>3.0</u>	<u>1.5</u>
Numerator	<u>50</u>	<u>51</u>	<u>37</u>	<u>38</u>	<u>20</u>
Denominator	<u>1,681</u>	<u>1,689</u>	<u>1,424</u>	<u>1,271</u>	<u>1,320</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	0.2	0.3	0.6	0.5	0.4
Numerator	4	5	8	7	6
Denominator	1,713	1,720	1,442	1,291	1,338
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		<u>Annual Indicator Data</u>			
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.2</u>	<u>0.3</u>	<u>0.6</u>	<u>0.6</u>	<u>0.5</u>
Numerator	<u>3</u>	<u>5</u>	<u>8</u>	<u>7</u>	<u>6</u>
Denominator	<u>1,681</u>	<u>1,689</u>	<u>1,424</u>	<u>1,271</u>	<u>1,320</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>4.0</u>	<u>4.0</u>	<u>4.4</u>	<u>3.8</u>	<u>3.9</u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Denominator	<u>24,852</u>	<u>24,852</u>	<u>22,720</u>	<u>26,444</u>	<u>25,783</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>4.0</u>	<u>0.0</u>	<u>4.4</u>	<u>3.8</u>	<u>0.0</u>
Numerator	<u>1</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>0</u>
Denominator	<u>24,852</u>	<u>24,852</u>	<u>22,720</u>	<u>26,444</u>	<u>25,783</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	<u>Annual Indicator Data</u>		2008
			2006	2007	
Annual Indicator	18.9	28.4	27.6	0.0	8.5
Numerator	2	3	3	0	1
Denominator	10,579	10,579	10,870	11,546	11,772

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		<u>Annual Indicator Data</u>			
	2004	2005	2006	2007	2008
Annual Indicator	0.0	0.0	58.4	94.5	77.6
Numerator	0	0	13	25	20
Denominator	23,500	23,179	22,270	26,444	25,783
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>62.0</u>	<u>53.7</u>	<u>39.6</u>	<u>41.6</u>	<u>38.8</u>
Numerator	<u>15</u>	<u>11</u>	<u>9</u>	<u>11</u>	<u>10</u>
Denominator	<u>24,189</u>	<u>20,486</u>	<u>22,720</u>	<u>26,444</u>	<u>25,783</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>31.3</u>	<u>51.6</u>	<u>36.8</u>	<u>129.9</u>	<u>101.9</u>
Numerator	<u>3</u>	<u>5</u>	<u>4</u>	<u>15</u>	<u>12</u>
Denominator	<u>9,589</u>	<u>9,699</u>	<u>10,870</u>	<u>11,546</u>	<u>11,772</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

		<u>Annual Indicator Data</u>			
	2004	2005	2006	2007	2008
Annual Indicator	0.0	0.2	11.7	10.2	10.7
Numerator	0	1	35	30	32
Denominator	4,723	5,611	2,990	2,946	2,994
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

		<u>Annual Indicator Data</u>			
	2004	2005	2006	2007	2008
Annual Indicator	0.0	0.1	4.1	4.4	7.0
Numerator	0	1	46	54	86
Denominator	11,324	11,659	11,260	12,138	12,348
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	2,087	0	0	0	0	2,087	0	0
Children 1 through 4	7,370	0	0	0	0	7,370	0	0
Children 5 through 9	9,419	0	0	0	0	9,419	0	0
Children 10 through 14	7,987	0	0	0	0	7,987	0	0
Children 15 through 19	6,317	0	0	0	0	6,317	0	0
Children 20 through 24	5,413	0	0	0	0	5,413	0	0
Children 0 through 24	38,593	0	0	0	0	38,593	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	2,087	0	0
Children 1 through 4	7,370	0	0
Children 5 through 9	9,419	0	0
Children 10 through 14	7,987	0	0
Children 15 through 19	6,317	0	0
Children 20 through 24	5,413	0	0
Children 0 through 24	38,593	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	13,009	0	0	0	0	13,009	0	0
Women 15 through 17	1,856	0	0	0	0	1,856	0	0
Women 18 through 19	1,138	0	0	0	0	1,138	0	0
Women 20 through 34	7,825	0	0	0	0	7,825	0	0
Women 35 or older	10,067	0	0	0	0	10,067	0	0
Women of all ages	33,895	0	0	0	0	33,895	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	13,009	0	0
Women 15 through 17	1,856	0	0
Women 18 through 19	1,138	0	0
Women 20 through 34	7,825	0	0
Women 35 or older	10,067	0	0
Women of all ages	33,895	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,345	0	0	0	0	1,345	0	0
Children 1 through 4	7,370	0	0	0	0	7,370	0	0
Children 5 through 9	9,419	0	0	0	0	9,419	0	0
Children 10 through 14	7,987	0	0	0	0	7,987	0	0
Children 15 through 19	6,317	0	0	0	0	6,317	0	0
Children 20 through 24	5,413	0	0	0	0	5,413	0	0
Children 0 through 24	37,851	0	0	0	0	37,851	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	1,345	0	0
Children 1 through 4	7,370	0	0
Children 5 through 9	9,419	0	0
Children 10 through 14	7,987	0	0
Children 15 through 19	6,317	0	0
Children 20 through 24	5,413	0	0
Children 0 through 24	37,851	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	13,687	0	0	0	0	13,687	0	0	2008
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Number enrolled in Medicaid	0	0	0	0	0	0	0	0	2008
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2008
Number living in foster home care	0	0	0	0	0	0	0	0	2008
Number enrolled in food stamp program	0	0	0	0	0	0	0	0	2008
Number enrolled in WIC	0	0	0	0	0	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	13,687	0	0	2008
Percent in household headed by single parent	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	2008
Number enrolled in Medicaid	0	0	0	2008
Number enrolled in SCHIP	0	0	0	2008
Number living in foster home care	0	0	0	2008
Number enrolled in food stamp program	0	0	0	2008
Number enrolled in WIC	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	1,642
Living in rural areas	12,045
Living in frontier areas	0
Total - all children 0 through 19	13,687

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	69,200.0
Percent Below: 50% of poverty	28.0
100% of poverty	60.0
200% of poverty	85.0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	13,687.0
Percent Below: 50% of poverty	28.0
100% of poverty	60.0
200% of poverty	85.0

FORM NOTES FOR FORM 21

TANF is not available in AS. WIC, foster home and food stamp data is not available at this time.

Data on race not available at this time.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Data source: census estimates
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Data source: census estimates
3. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Data source: census estimates
4. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
Data source: census estimates
5. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Data source: census estimates
6. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Data source: census estimates
7. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Data source: census estimates
8. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Data source: census estimates
9. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Data source: census estimates
10. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
Data source: census estimates
11. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Data source: census estimates
12. **Section Number:** Form21_Indicator 06B

- Field Name:** S06_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Data source: census estimates
13. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Data source: census estimates
14. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Data source: census estimates
15. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Data source: census estimates
16. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2010
Field Note:
Data source: census estimates
17. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Data source: census estimates
18. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Data source: census estimates
19. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Data source: census estimates
20. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2010
Field Note:
Data source: census estimates
21. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2010
Field Note:
Data source: census estimates
22. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2010
Field Note:
Data source: census estimates
23. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2010
Field Note:
Data source: census estimates
24. **Section Number:** Form21_Indicator 10

- Field Name:** Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2010
Field Note:
Data source: census estimates
25. **Section Number:** Form21_Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2010
Field Note:
Data source: census estimates
26. **Section Number:** Form21_Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2010
Field Note:
Data source: census estimates
27. **Section Number:** Form21_Indicator 10
Field Name: Frontier
Row Name: Living in frontier areas
Column Name:
Year: 2010
Field Note:
Data source: census estimates
28. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2010
Field Note:
Data source: census estimates
29. **Section Number:** Form21_Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2010
Field Note:
Data source: census estimates
30. **Section Number:** Form21_Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2010
Field Note:
Data source: census estimates
31. **Section Number:** Form21_Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2010
Field Note:
Data source: census estimates
32. **Section Number:** Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2010
Field Note:
Data source: census estimates
33. **Section Number:** Form21_Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2010
Field Note:
Data source: census estimates
34. **Section Number:** Form21_Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2010
Field Note:
Data source: census estimates
35. **Section Number:** Form21_Indicator 12
Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2010
Field Note:
Data source: census estimates